

**Patient Protection and Affordable Care Act (P.L. 111-114):  
Potential Funding Opportunities for States**

The following chart provides a brief summary of many of the funding opportunities contained in the Patient Protection and Affordable Care Act (PPACA), which was signed into law on March 23, 2010. In some instances the law would make funding available for the current federal fiscal year 2010. However, the precise timing, funding amounts, and distribution method that will be used by the Secretary of Health and Human Services (HHS) in many instances is yet to be determined.

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
<b><i>Consumer related initiatives (Page 37, Section 1002)</i></b>	<ul style="list-style-type: none"> <li>HHS will award grants to states to establish, expand, or provide support for offices of health insurance consumer assistance or health insurance ombudsman programs.</li> <li>State must have independent office of health insurance consumer assistance, or an ombudsman, that coordinates with state health insurance regulators and consumer assistance organizations concerning federal health insurance coverage requirements and state law.</li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation to HHS for \$30 million in grants to states for the first fiscal year.<sup>1</sup></li> <li>In subsequent years, there is authorization for such sums as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Funds remain available until expended.</li> <li><b>Funded, no guidance</b></li> </ul>		Division of Insurance  <b>Lorez and steering committee</b>  FUNDED – NO FURTHER APPROPRIATIONS NEEDED
<b><i>Annual rate review process for health insurance premiums (Page 40, Section 1003)</i></b>	<ul style="list-style-type: none"> <li>HHS will award grants to states to establish a process for annual review, beginning with the 2010 plan year, of unreasonable increases in premiums for health coverage. States grant recipients would have to provide HHS with data on premium increase trends</li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation to HHS of \$250 million for grants to states to support the review process.</li> <li>HHS determines funding allocation formula, considering the number of health plans in a state and</li> </ul>	<ul style="list-style-type: none"> <li>Grant program is for a five year period, fiscal year 2010 through fiscal year 2014.</li> <li>At the end of FY 2014, any remaining funds</li> </ul>	<ul style="list-style-type: none"> <li>State must provide information to HHS and make recommendations to the Exchange based on its rate reviews.</li> </ul>	Division of Insurance <b>Lorez and steering committee</b> FUNDED - NO FURTHER APPROPRIATIONS NEEDED

<sup>1</sup> The effective date is the date of enactment, March 23, 2010.

Program/ Initiative	Description	Funding	Availability	Limitation	Department / Impl. Status
Yes	and make recommendations on insurer participation in the state-based exchange.	<p>population.</p> <ul style="list-style-type: none"> <li>Eligible states would receive between \$1 and \$5 million per grant year.</li> </ul>	<p>will be available as grants to eligible states for planning and implementation of certain insurance reforms and consumer protection related provisions.</p> <ul style="list-style-type: none"> <li>Funded 07/07/10</li> </ul>		
<b>High Risk Pools (HRP)</b> <b>(Page 45, Section 1101)</b>  Yes	<ul style="list-style-type: none"> <li>HHS will establish a temporary high risk health insurance pool program to provide health insurance coverage for eligible individuals until January 1, 2014.</li> <li>HHS may operate a program directly or contract with states and other eligible entities.</li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation of \$5 billion to HHS to pay claims for HRP enrollees, as of January 1, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>HHS would establish program within 90 days after the date of enactment.</li> </ul>	<ul style="list-style-type: none"> <li>MOE on the annual funding amount expended for the operation of one or more state HRPs during the year prior to when a state enters into a contract to operate a temporary HRP.</li> </ul>	Division of Insurance  Lorez  Secretary to establish high-risk pool within 6/23/10 of enactment
<b>Health Insurance Exchange State Option</b> <b>(Page 130, Section 1311)</b>	<ul style="list-style-type: none"> <li>HHS will award grants to states for planning and activities related to the establishment of a state-based Exchange and a Small Business Health Options Program (SHOP).</li> <li>Prior to January 1, 2013, states must choose whether they will establish and operate an Exchange.</li> <li>In the case of a state that chooses not to establish an Exchange, there is a federal fallback to operate the Exchange.</li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation to HHS. The amount will be based on the Secretary's determination of the total amount of funding that would be necessary for purposes of the grant program.</li> <li>HHS determines the allocation formula for making grants to states.</li> <li>HHS would reimburse each state for reasonable start-up costs for any</li> </ul>	<ul style="list-style-type: none"> <li>Grants would be available within one year of enactment.</li> <li>Grants may be renewed prior to 2015 if a state demonstrates it is making progress in meeting Exchange requirements.</li> <li>No grants will be awarded after January 1, 2015.</li> </ul>	<ul style="list-style-type: none"> <li>No payments would be available for operational costs after initial start-up completed.</li> <li>State must ensure exchange is self-sustaining beginning January 1, 2015. Exchange may assess each exchange participating plan its proportional share of such costs.</li> </ul>	Department of Health Care Policy and Financing  Division of Insurance  AUTHORIZED BUT NOT YET FUNDED – SUBJECT TO APPROPRIATIONS

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
		exchange or SHOP exchange.			
<b><i>Transitional Reinsurance Program for Individual and Small Group Markets (page 226, Section 1341)</i></b>	<ul style="list-style-type: none"> <li>By January 1, 2014, states are required to establish (or enter into contract with) one or more applicable entities to operate a temporary reinsurance program which would provide reimbursement for partial costs of premiums.</li> <li>All insurers and Third Party Administrators (TPAs) are required to make payments to the reinsurance entity. Non-grandfathered individual market plans covering high-risk individuals will receive payments from the reinsurance entity.</li> </ul>	<ul style="list-style-type: none"> <li>Federal assessments to insurers will total \$25 billion over the period 2014 through 2016.</li> <li>States may collect additional amounts from insurers, including for administrative expenses to operate the program.</li> </ul>	<ul style="list-style-type: none"> <li>Effective for plays years beginning in 2014 through 2016.</li> <li>Insurer contributions are specified for plan years 2014, 2015, and 2016.</li> <li>Remaining insurer payments may be used for the state reinsurance program in plan years 2017 and 2018.</li> </ul>	<ul style="list-style-type: none"> <li>By January 1, 2014, states must adopt state law or regulation concerning guidelines for this program.</li> <li>HHS can stop taking applications for participation in the program based on the availability of funding.</li> </ul>	Division of Insurance  Secretary to consult with NAIC and include regulations in standards required to be adopted by states under Sec. 1321. NAIC has assigned the task to a committee but has not begun work.
<b><i>Enrollment health information technology (HIT) for health and human services programs (Page 370, Section 1561)</i></b>	<ul style="list-style-type: none"> <li>HHS grants to eligible entities, including states, to develop new and adapt existing technology systems to implement HIT enrollment standards and protocols.</li> <li>HIT systems will be used to enroll individuals in federal and state health and human services programs.</li> </ul>	<ul style="list-style-type: none"> <li>Not specified</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment HIT systems adopted using these grants would be available to other qualified state, political subdivisions, or other qualified entities at no cost.</li> </ul>		Department of Health Care Policy and Financing  Office of Information Technology  AUTHORIZED BUT NOT YET FUNDED – SUBJECT TO APPROPRIATIONS

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
<b><i>Medicaid Community First Choice Option (page 461, Section 2401)</i></b>	<ul style="list-style-type: none"> <li>Establishes the Community First Choice program.</li> <li>States that take up the option would receive an FMAP increase for providing HCBS for people with disabilities who require an institutional level of care.</li> </ul>	<ul style="list-style-type: none"> <li>States that take up the option will receive a 6 percentage point increase in FMAP for HCBS attendant services.</li> </ul>	<ul style="list-style-type: none"> <li>States may take up the option as of October 1, 2011.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>States that take up the option would be required to make certain HCBS attendant services and supports available to eligible individuals.</li> </ul>	<p>Department of Health Care Policy and Financing</p> <p>Note that on <b>May 20, 2010</b>, CMS issued a SMD letter on the Community Living Initiative to provide states with information on new tools for community integration, as well as to remind states of existing tools that remain strong resources in state efforts to support community living. In that letter, the Agency references provisions included in the health reform legislation intended to provide new opportunities to serve more individuals in home and community-based settings. The SMD letter provides some basic information related to the health reform legislation but notes that “additional guidance documents will be issued in the near future.” To</p>

<sup>2</sup> The reconciliation measure (P.L. 111-152) changed the effective date to October 1, 2011 from October 1, 2010.

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					<p>access the SMD letter, visit:  <a href="https://www.cms.gov/smdl/downloads/SMD10008.pdf">https://www.cms.gov/smdl/downloads/SMD10008.pdf</a>.            Note the following related (non-PPACA) opportunity: On <b>May 26, 2010</b>, CMS announced the availability of section 203 Medicaid Infrastructure Grants, which provide grants to states to develop state infrastructures to support working individuals with disabilities. For eligibility under this grant program, a state must offer personal assistance services statewide within and outside the home to the extent necessary to enable an individual to be engaged in full-time competitive employment. Applications are due <b>July 16, 2010</b>. For more information, visit:  <a href="http://www07.grants.gov/search/search.do?&amp;mode=VIEW&amp;oppId=54797_or">http://www07.grants.gov/search/search.do?&amp;mode=VIEW&amp;oppId=54797_or</a></p>

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					<a href="http://www.cms.gov/CommunityServices/45_Employment.asp#TopOfPage">http://www.cms.gov/CommunityServices/45_Employment.asp#TopOfPage</a> . Note the following related announcement under Title VIII (CLASS Act): On <b>June 16, 2010</b> , HHS announced that it was seeking nominations for a new Personal Care Attendants Workforce Advisory Panel, under CLASS Act. Nominations were due <b>June 18, 2010</b>
<b>Medicaid Money Follows the Person demonstration program</b> <i>(page 482, Section 2403)</i>  Yes - HCPF	<ul style="list-style-type: none"> <li>Extends existing demonstration authority to award grants to states for the Medicaid Money Follows the Person program, established by the Deficit Reduction Act (P.L. 109-171).<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation to HHS for \$2.25 billion to extend the program.</li> <li><b>Due 07/30</b></li> </ul>	<ul style="list-style-type: none"> <li>Funding available for fiscal years 2011 through 2016.</li> <li><b>Funded</b></li> </ul>	<ul style="list-style-type: none"> <li>Existing program requirements, with a modification to reduce the length of stay requirement to 90 days from 6 months.</li> </ul>	Department of Health Care Policy and Financing  Likely to be effectuated via ongoing formal (and informal) guidance to states, including through State Medicaid Director (SMD) and State Health Official (SHO) letters.

<sup>3</sup> See: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109\\_cong\\_public\\_laws&docid=f:publ171.109.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ171.109.pdf)

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<b><i>Medicaid home and community based services (HCBS) (Page 2141, Section 10202)</i></b>	<ul style="list-style-type: none"> <li>Creates the State Balancing Incentives Program to provide a temporary FMAP increase for HCBS for states that undertake structural reforms to increase diversion from institutions and expand the number of people receiving HCBS.</li> </ul>	<ul style="list-style-type: none"> <li>States spending less than 25% of total long-term care services and supports (LTSS) expenditures on HCBS will be eligible to receive a 5% increase; states with 25-50% will receive a 2% increase.</li> </ul>			<p>Department of Health Care Policy and Financing</p> <p>Likely to be effectuated via ongoing formal (and informal) guidance to states, including through State Medicaid Director (SMD) and State Health Official (SHO) letters</p>
<b><i>Aging and Disability Resource Centers (ADRCs) (page 484, Section 2405)</i></b>	<ul style="list-style-type: none"> <li>The ADRC program provides states with funding to streamline access to long-term care supports and services.</li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation to HHS-AoA of \$10 million annually.</li> <li>Due 07/30</li> </ul>	<ul style="list-style-type: none"> <li>Funding available for each fiscal year 2010 through 2014.</li> <li>Funded; probably formula funding</li> </ul>		<p>Colorado Department of Human Services</p> <p>FUNDED – NO FURTHER APPROPRIATION NEEDED</p>
<b><i>Maternal, Infant, and Early Childhood Home Visitation Grant Program (pg 561, Section 2951)</i></b>	<ul style="list-style-type: none"> <li>The home visitation program would provide grants to states and other eligible entities to implement evidenced-based models to improve services for families in at-risk communities.</li> </ul>	<ul style="list-style-type: none"> <li>Direct appropriation to HHS totaling \$1.5 billion over 5 years.</li> </ul>	<ul style="list-style-type: none"> <li>Specific allocation provided for fiscal years 2010 through 2014.</li> <li>HHS determines the time period for the grant.</li> <li>Grants made in a fiscal year will be available through the end of the second succeeding</li> </ul>	<ul style="list-style-type: none"> <li>State grant recipients must conduct a statewide needs assessment.</li> <li>Grant funds must supplement, not supplant, state funds.</li> <li>Stakeholders engaged</li> <li>Engage Early Childhood Board</li> </ul>	<p>Colorado Department of Public Health and Environment</p> <p>FUNDED – NO FURTHER APPROPRIATION NEEDED</p>

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Yes			fiscal year after the award. <ul style="list-style-type: none"> <li>Funded, no guidance yet other than needs assessment</li> </ul>		
<b>Personal Responsibility Education Grant Program (page 596, Section 2953)</b>	<ul style="list-style-type: none"> <li>Personal responsibility education grant program focused on educating adolescents about abstinence and contraception.</li> </ul>	<ul style="list-style-type: none"> <li>\$75 million per year</li> <li>State allotments with minimum grant amount to states would \$250,000.</li> <li>State allotments will be determined by the formula specified in the law.</li> </ul>	<ul style="list-style-type: none"> <li>Fiscal years 2010 through 2014.</li> <li>Allotments for a fiscal year remain available through the end of the second succeeding fiscal year.</li> <li>Funded, no guidance as of 06/08/10</li> </ul>	<ul style="list-style-type: none"> <li>Grant funding must be used to supplement, not supplant, state funding for similar programs/ initiatives in fiscal year 2009.</li> <li>If a state does not submit an application for fiscal year 2010 or 2011, the state will not be eligible to submit an application to receive funds from the allotted amount for the state for in fiscal years 2012 through 2014. Instead, HHS could use these funds to award three-year grants to eligible local entities – in states that do not submit applications – for fiscal years 2012 through 2014.</li> </ul>	Colorado Department of Public Health and Environment  Colorado Department of Human Services  FUNDED – NO FURTHER APPROPRIATION NEEDED
<b>Medicaid Health Home for Enrollees with Chronic</b>	<ul style="list-style-type: none"> <li>Beginning January 1, 2011, there is a Medicaid state option to provide coordinated care to enrollees with chronic</li> </ul>	<ul style="list-style-type: none"> <li>\$25 million maximum planning grant award per state. A total amount for planning grants is not</li> </ul>	<ul style="list-style-type: none"> <li>HHS may make planning grants awards to states beginning January</li> </ul>	<ul style="list-style-type: none"> <li>State contribution required in order to receive a planning grant.</li> </ul>	Department of Health Care Policy and Financing



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<b><i>Conditions: planning grant (page 522, Section 2703)</i></b>	<ul style="list-style-type: none"> <li>conditions.</li> <li>HHS to establish minimum standards for health homes.</li> <li>HHS will award planning grants to states to develop a state plan amendment.</li> </ul>	<ul style="list-style-type: none"> <li>specified.</li> <li>States will receive a 90 percent FMAP for such health home services during the first eight fiscal year quarters that the state plan amendment is in effect.</li> </ul>	<ul style="list-style-type: none"> <li>1, 2011.</li> <li>Planning grant funding available until expended.</li> </ul>	<ul style="list-style-type: none"> <li>Planning grants authorized but not funded 06/10</li> </ul>	PLANNING GRANTS AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS
<b><i>Medicaid Integrated Care Hospitalization Demonstration Program (page 532, Section 2704)</i></b>	<ul style="list-style-type: none"> <li>Establishes a demonstration program to allow states to use bundled payments to promote integration of care around hospitalization.</li> </ul>	<ul style="list-style-type: none"> <li>HHS may select up to eight states to participate.</li> <li>No specific funding authorization included in this section.<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>January 1, 2012 through December 31, 2016.</li> </ul>		<p>Department of Health Care Policy and Financing /CIVHC</p> <p>Likely to be effectuated via ongoing formal (and informal) guidance to states, including through State Medicaid Director (SMD) and State Health Official (SHO) letters.</p>
<b><i>Medicaid Global Payment System Demonstration Project (page 536, Section 2705)</i></b>	<ul style="list-style-type: none"> <li>Establishes the Medicaid Global Payment System demonstration program to allow states to test paying a safety net hospital system or network using a global capitated payment model.</li> <li>Will operate in coordination with the Center for Medicare and Medicaid Innovation.</li> </ul>	<ul style="list-style-type: none"> <li>HHS may select up to five states to participate.</li> <li>Authorization for an appropriation of such sums as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Fiscal years 2010 through 2012.</li> </ul>	<ul style="list-style-type: none"> <li>Budget neutrality requirements under Section 1115A will not apply during the testing and evaluation period for the demonstration project.</li> </ul>	<p>Department of Health Care Policy and Financing/CIVHC</p> <p>Secretaries to report to Congress within 3 years of enactment. HHS Secretary must ensure that state</p>

<sup>4</sup> While no specific funding was authorized, HHS-CMS may have the flexibility to operate demonstration programs using other authority, for example existing authority and through the new Center for Medicare and Medicaid Innovation.

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					<p>project will not reduce coverage or increase cost of federal tax credits and subsidies.</p> <p>Likely to be effectuated via ongoing formal (and informal) guidance to states, including through State Medicaid Director (SMD) and State Health Official (SHO) letters.</p>
<b><i>Pediatric Accountable Care Organization Demonstration Program (page 538, Section 2706)</i></b>	<ul style="list-style-type: none"> <li>Establishes the Pediatric Accountable Care Organization Demonstration Project which authorizes a participating state to allow pediatric medical providers that meet certain requirements to be recognized as an accountable care organization for purposes of receiving incentive payments.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for such sums as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes program from January 1, 2012 through December 31, 2016.</li> </ul>	<ul style="list-style-type: none"> <li>Budget savings requirement.</li> </ul>	<p>Department of Health Care Policy and Financing</p> <p>States that desire to participate are required to submit an application to the Secretary at such time and in such manner, and containing such information, as the Secretary may require.</p>
<b><i>Medicaid Emergency Psychiatric Demonstration Project</i></b>	<ul style="list-style-type: none"> <li>Establishes program for emergency psychiatric demonstration project to provide incentive payments to certain institutions for mental disease.</li> </ul>	<ul style="list-style-type: none"> <li>Appropriates \$75 million for fiscal year 2011.</li> <li>HHS establishes method to allocate funds.</li> </ul>	<ul style="list-style-type: none"> <li>Funds allocated beginning fiscal year 2011.</li> <li>Three year period for demonstration project.</li> </ul>		<p>Department of Health Care Policy and Financing/DHS</p> <p>FUNDED – NO FURTHER</p>

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<i>(page 540, Section 2707)</i>			<ul style="list-style-type: none"> <li>Funds available for obligation through December 31, 2015.</li> <li><b>Funded, guidance</b></li> </ul>		APPROPRIATION NEEDED
<b><i>Trauma Care Centers (page 1081, Section 3505)</i></b>	<ul style="list-style-type: none"> <li>Grant program to promote universal access to trauma care services provided by trauma centers and trauma-related physician specialties.</li> <li>States would apply for grant and in turn award grants to eligible entities.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for \$100 million for each fiscal year 2010 through 2015.</li> <li>Specific distribution method based on approved appropriation for any fiscal year.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes funding for fiscal years 2010 through 2015.</li> </ul>	<ul style="list-style-type: none"> <li>States must award at least 40% of their grant funding to safety net trauma centers.</li> <li>A state may not use more than 20% of its grant for administrative expenses.</li> <li>The state must supplement, not supplant, state funding otherwise available for similar purposes.</li> </ul>	Colorado Department of Public Health and Environment  AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATION S
<b><i>Medicaid Preventive Services (page 1169, Section 4106)</i></b>	<ul style="list-style-type: none"> <li>Provides FMAP incentive payment to states that eliminate cost-sharing requirements for Medicaid clinical preventive services that have been recommended by the U.S. Preventive Services Task Force (USPSTF) and for vaccines for adults.</li> </ul>	<ul style="list-style-type: none"> <li>1 percentage point increase in FMAP for states that eliminate cost sharing for preventive services and vaccines for adults.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced match available beginning January 1, 2013.</li> </ul>		Department of Health Care Policy and Financing  Likely to be disseminated via State Medicaid Director (SMD) and/or State Health Official (SHO) letters.
<b><i>Medicaid Chronic</i></b>	<ul style="list-style-type: none"> <li>HHS-Centers for Disease Control and Prevention (CDC) to award</li> </ul>	<ul style="list-style-type: none"> <li>Appropriates \$100 million for the 5- year period</li> </ul>	<ul style="list-style-type: none"> <li>Grants to states awarded after HHS</li> </ul>		Department of Health Care Policy

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<b><i>Disease Incentive Payment Program (page 1174, Section 4108)</i></b>	<p>grants to states to test approaches that may encourage behavior modification for healthy lifestyles among Medicaid enrollees and to determine scalable solutions.</p> <ul style="list-style-type: none"> <li>HHS to conduct education/outreach campaign to make states aware of grant program.</li> </ul>	<p>beginning by January 1, 2011.</p> <ul style="list-style-type: none"> <li>Amounts appropriated remain available until expended.</li> </ul>	<p>develops program criteria, but no later than January 1, 2011.</p> <ul style="list-style-type: none"> <li>Grants to states will be for a 5-year period, beginning by January 1, 2011.</li> <li>State initiatives will be carried out for at least a 3-year period.</li> </ul>		<p>and Financing</p> <p>FUNDED – NO FURTHER APPROPRIATION NEEDED</p>
<b><i>Community Transformation Grants (page 1182, Section 4201)</i></b>	<ul style="list-style-type: none"> <li>Establishes competitive grant program for states and local governmental agencies and community-based organizations to promote evidence-based community preventive health activities intended to reduce chronic disease rates, address health disparities, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for such sums as may be necessary for each fiscal year 2010 through 2014.</li> </ul>	<ul style="list-style-type: none"> <li>No appropriation yet</li> </ul>		<p>Colorado Department of Public Health and Environment</p> <p>Department of Health Care Policy and Financing</p> <p>FUNDED VIA TRANSFER OF FUNDS FROM PREVENTION AND PUBLIC HEALTH FUND – SEE SEC. 4002</p>
<b><i>Healthy Aging, Living Well public health grant program</i></b>	<ul style="list-style-type: none"> <li>CDC to award grants to states or local health departments and Indian tribes for pilot programs to provide public health community interventions, screenings, etc. for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes such sums as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for funding for 5-year pilot programs, fiscal years 2010 through 2014</li> </ul>		<p>Colorado Department of Public Health and Environment</p> <p>Tribal organizations</p>

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<i>(page 1188, Section 4202)</i>	between ages of 55 and 64.				
<b><i>Immunization Coverage Improvement Program (Page 1199, Section 4204)</i></b>	<ul style="list-style-type: none"> <li>• CDC demonstration program to award grants to states to improve immunization coverage for children, adolescents, and adults.</li> <li>• Grants for implementing interventions recommended by the Task Force on Community Preventive Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorizes such sums as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorization for funding for fiscal years 2010 through 2014.</li> <li>• Different grant released, due 07/06/10</li> </ul>		<p>Colorado Department of Public Health and Environment</p> <p>Colorado Department of Human Services</p> <p>FUNDED VIA TRANSFER OF FUNDS FROM PREVENTION AND PUBLIC HEALTH FUND – SEE SEC. 4002</p>
<b><i>CHIP Obesity Demonstration Program (page 1242, Section 4306)</i></b>	<ul style="list-style-type: none"> <li>• Extends funding for the childhood obesity demonstration program established under CHIPRA (P.L. 111-3).</li> </ul>	<ul style="list-style-type: none"> <li>• Direct appropriation to HHS-CMS totaling \$25 million.</li> </ul>	<ul style="list-style-type: none"> <li>• Fiscal years 2010 through 2014.</li> <li>• Funded 06/10</li> </ul>		<p>Department of Health Care Policy and Financing</p> <p>Colorado Department of Public Health and Environment</p> <p>FUNDED – NO FURTHER APPROPRIATION NEEDED</p>
<b><i>CHIP Outreach</i></b>	<ul style="list-style-type: none"> <li>• Extends and increases funding for a program to award grants to</li> </ul>	<ul style="list-style-type: none"> <li>• Direct appropriation for \$140 million for fiscal</li> </ul>		<ul style="list-style-type: none"> <li>• Maintenance of effort on state funding for</li> </ul>	Department of Health Care Policy

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
<b><i>Grants (page 2161, Section 10203)</i></b>	states and other eligible entities to improve outreach and enrollment in the CHIP program, as established under CHIPRA (P.L. 111-3).	years 2009 through 2015. CHIPRA originally appropriated \$100 million for fiscal years 2009 through 2013.		outreach and enrollment activities, based on state spending in the fiscal year preceding the fiscal year of the grant award.	and Financing
<b><i>State Workforce Development Grants (page 1274, Section 5102)</i></b>  Liza	<ul style="list-style-type: none"> <li>Health care workforce development grant program for states to develop and implement workforce strategies at the state and local level.</li> <li>Administered by the Health Resources and Services Administration (HRSA) within HHS.</li> </ul>	<ul style="list-style-type: none"> <li>Planning grants: authorization for \$8 million for fiscal year 2010 and such sums as necessary thereafter. Up to \$150,000 per state partnership.</li> <li>Implementation grants: authorization for \$150 million for fiscal year 2010. Competitive grant award process.</li> </ul>	<ul style="list-style-type: none"> <li>Planning grants: available starting federal fiscal year 2010. Grants awarded for activities for up to one year.</li> <li>Implementation grants: grants may be used for up to 2 years. HRSA may extend grant funding for one year for high performing grantees for eligible activities.</li> </ul>	<ul style="list-style-type: none"> <li>Planning grants require a minimum 15% match (in cash or in kind). Match source may be from other federal, state, local or private sources.</li> <li>Implementation grants require a minimum 25% match (in cash or in kind). Match source may be from other federal, state, local or private sources.</li> <li>At least 60% of implementation grant funds must be used to make grants to address health care workforce development needs.</li> </ul>	<p>Colorado Department of Public Health and Environment</p> <p>AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS</p>
<b><i>State and Regional Centers for Health Workforce Analysis (Page 1285,</i></b>	<ul style="list-style-type: none"> <li>HHS to award grants to states and eligible entities to support data collection and analysis and provide technical assistance to local entities for such activities. Data will be used by the National Center for Health Care Workforce Analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for \$4.5 million per year for each of fiscal years 2010 through 2014.</li> <li>Authorization for such sums as necessary for longitudinal analysis for fiscal years 2010 through</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes funding for fiscal years 2010 through 2014.</li> </ul>	<ul style="list-style-type: none"> <li>State/regional center must coordinate with national center.</li> </ul>	<p>Colorado Department of Public Health and Environment</p> <p>FUNDING FOR</p>

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
<b>Section 5103)</b>  <b>Liza</b>	<ul style="list-style-type: none"> <li>Eligible entities may also be selected to conduct longitudinal evaluation of individuals who have received education, training, or financial assistance from certain workforce programs.</li> </ul>	2014.			CENTERS AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS
<b>Grants to Promote the Community Health Workforce (Page 1364, Section 5313)</b>	<ul style="list-style-type: none"> <li>CDC to award grants to states and eligible state agencies to use of community health workers to promote positive health behaviors and outcomes in medically underserved communities.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for such sums as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes funding for fiscal years 2010 through 2014.</li> </ul>		Colorado Department of Public Health and Environment  AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS
<b>Primary Care Extension Program (Page 1404, Section 5405)</b>	<ul style="list-style-type: none"> <li>AHRQ to administer a Primary Care Extension Program.</li> <li>HHS will competitively award grants to states to establish state- or multistate-level Primary Care Extension Program State Hubs. States must develop a six year plan.</li> </ul>	<ul style="list-style-type: none"> <li>Authorization for \$120 million for each of fiscal years 2011 and 2012, and such sums as may be necessary for fiscal years 2013 and 2014.</li> </ul>	<ul style="list-style-type: none"> <li>Program grants would be awarded to state or multistate entities that submit fully-developed plans for the implementation of a Hub, for a period of six years.</li> <li>Two-year planning grants are awarded to state or multistate entities with the goal developing a plan for a Hub.</li> <li>States may receive additional assistance after the</li> </ul>	<ul style="list-style-type: none"> <li>State may not use more than 10% of grant for admin.</li> <li>Grant funds cannot be used for funding direct patient care.</li> </ul>	Colorado Department of Public Health and Environment  <b>Department of Health Care Policy and Financing</b>  <b>AHEC</b>  <b>TCHF</b>  AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
			six year of support if they receive satisfactory evaluations.		
<b><i>Elder Justice Services (page 1763, Section 6701)</i></b>	<ul style="list-style-type: none"> <li>Expands the permissible uses for grants under the Social Service Block Grant (SSBG) program to include elder justice related activities.</li> <li>Creates Elder Justice Coordinating Council and an Advisory Board on Elder Abuse, Neglect, and Exploitation.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes such sums as necessary for the Coordinating Council provisions.</li> </ul>		<ul style="list-style-type: none"> <li>Unknown, requires match</li> </ul>	Colorado Department of Human Services
<b><i>Adult Protective Services (APS) Grant Program (page 1795, Section 2042)</i></b>  Maybe	<ul style="list-style-type: none"> <li>Establishes program for HHS to award grants to states to enhance the provision of APS.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Authorizes \$100 million for each of fiscal years 2011 through 2014 for adult protective services grants. Grant amount is based on appropriated funds multiplied by percentage of total number of elders in that state. Establishes a minimum grant amount for states and territories.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes funding for fiscal years 2011 through 2014</li> </ul>	<ul style="list-style-type: none"> <li>Grants may not supplant other federal, state and local resource for such purposes.</li> </ul>	Colorado Department of Human Services
<b><i>State Demonstration Program Concerning Elder Abuse (Page 1798, Section</i></b>	<ul style="list-style-type: none"> <li>Establishes grant program for states to conduct demonstration programs to test methods of elder abuse detection or prevention.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes \$25 million for each of fiscal years 2011 through 2014.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes funding for fiscal years 2011 through 2014.</li> </ul>		Colorado Department of Human Services



Program/ Initiative	Description	Funding	Availability	Limitation	Department / Impl. Status
<b>Maybe</b>					
<b><i>State Demonstration Programs to Evaluate Alternatives to Current Medical Tort Litigation (Page 2369, Section 10607)</i></b>  <b>Maybe</b>	<ul style="list-style-type: none"> <li>HHS to award demonstration grants to states to develop alternatives to current tort litigation for resolving disputes over injuries allegedly caused by health care providers or health care organizations.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes \$50 million for the five fiscal years beginning with 2011 for the demonstration projects and related provisions in this section.</li> <li>HHS may use part of the appropriated funds to provide initial planning grants to states, up to \$500,000 per state.</li> <li>Five percent of the amount appropriated each year is reserved for evaluation of the state demonstration programs.</li> </ul>	<ul style="list-style-type: none"> <li>Authorizes grant funding to be awarded for up to 5 years.</li> <li><b>Lorez update patient safety</b></li> </ul>		Governor's Policy & Legal Offices  <b>Patient Safety Coalition</b>  <b>CP</b>  <b>Colorado Department of Human Services</b>  Secretary required to submit to Congress an annual compendium of state reports. Requires MedPAC and MACPAC reports by December 2016.
<b><i>Training in family medicine, general internal medicine, general pediatrics, and physician assistantship (Title V Subtitle D Section 5301)</i></b>	<ul style="list-style-type: none"> <li>Provides grants to develop and operate training programs, provide financial assistance to trainees and faculty, enhance faculty development in primary care and physician assistant programs, and to establish, maintain, and improve academic units in primary care.</li> </ul>	<ul style="list-style-type: none"> <li>Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home and those approaches that "provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health IT or other competencies recommended by the Advisory Committee on</li> </ul>	<ul style="list-style-type: none"> <li>Awards would be for a period of 5 years. Authorizes funds to be appropriated for fiscal years 2010-2014.</li> <li><b>Grant authorized, Liza monitoring</b></li> </ul>		Colorado Department of Public Health and Environment/UCH SC  AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
<b>Liza</b>		Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission.			
<b><i>Certified EHR Technology grant program for long-term care (Title VI Subtitle H Section 6703)</i></b>	<ul style="list-style-type: none"> <li>• Authorizes the Secretary to make grants to long-term care facilities to assist with costs related to purchasing, leasing, developing, and implementing Certified EHR Technology.</li> <li>• Directs the Secretary to adopt electronic standards for the exchange of clinical data by long-term care facilities.</li> <li>• Directs that, no later than 10 years after enactment, the Secretary shall have procedures in place to accept the optional electronic submission of clinical data by long-term care facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorizes to be appropriated \$20 million for Fiscal Year 2011, \$17.5 million for Fiscal Year 2012, and \$15 million for each of Fiscal Years 2013 and 2014 for the EHR grants and certain other LTC programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Section 3013 of the Public Health Service Act established the State HIE Cooperative Agreement Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires that long-term care facilities receiving grants “participate in activities conducted by a State or a qualified State-designated entity...under a grant under section 3013 of the Public Health Service Act to coordinate care and for other purposes determined appropriate by the Secretary.</li> </ul>	Colorado Department of Public Health and Environment  Office of Information Technology  <b>CORHIO</b>  FUNDED – NO FURTHER APPROPRIATIONS NEEDED
<b><i>Co-locating primary and specialty care in community-based mental health settings (Title V Subtitle G Section 5604)</i></b>	<ul style="list-style-type: none"> <li>• Authorizes grants for coordinated and integrated services through the co-location of primary and specialty care in community-based mental and behavioral health settings.</li> <li>• Funds can be directed to facility modifications and information technology.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorizes funds to be appropriated for fiscal years 2010 through 2014.</li> </ul>			Colorado Department of Public Health and Environment  Department of Health Care Policy and Financing  <b>Colorado Department of Human Services</b>

<b>Program/ Initiative</b>	<b>Description</b>	<b>Funding</b>	<b>Availability</b>	<b>Limitation</b>	<b>Department / Impl. Status</b>
<b><i>Quality measure development (Title III Subtitle A Part II Section 3013)</i></b>	<ul style="list-style-type: none"> <li>Directs the Secretary, in consultation with the Director of AHRQ and the Administrator of CMS, to identify gaps where no quality measures exist and existing quality measures need improvement, updating, or expansion.</li> <li>The Secretary shall develop quality measures for use in a pilot program and shall specify that data on measures be submitted through the use of a qualified electronic health record.</li> </ul>	<ul style="list-style-type: none"> <li>Directs the Secretary to award grants, contracts, or intergovernmental agreements to eligible entities for purposes of developing, improving, updating, or expanding quality measures.</li> </ul>	<ul style="list-style-type: none"> <li>In awarding grants, contracts, or agreements, the Secretary shall give priority to the development of quality measures that allow for such items as health outcomes and functional status of patients, the management and coordination of health care across episodes of care, and the meaningful use of health IT.</li> </ul>		CIVHC/CORHIO  AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS
<b><i>Data Collection; Public Reporting (Title III Subtitle A Part II Section 3015 and Title X Subtitle C Section 10305)</i></b>	<ul style="list-style-type: none"> <li>Requires the Secretary to collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery to implement the public reporting of performance information.</li> </ul>	<ul style="list-style-type: none"> <li>Allows the Secretary to award grants or contracts to eligible entities to support new or improve existing efforts to collect and aggregate quality and resource use measures.</li> </ul>	<ul style="list-style-type: none"> <li>Eligible entities include: (i) a multi-stakeholder entity that coordinates the development of methods and implementation plans for the consistent reporting of summary quality and cost information; (ii) an entity capable of submitting such summary data for a particular</li> </ul>		CIVHC  AUTHORIZED BUT NOT FUNDED – SUBJECT TO APPROPRIATIONS

Program/ Initiative	Description	Funding	Availability	Limitation	Department / Impl. Status
			population and providers, such as a disease registry, regional collaboration, health plan collaboration, or other population-wide source; or (iii) a Federal Indian Health Service program or a health program operated by an Indian tribe.		